



State of Delaware Attorney General's
Check Enforcement Program
Registration Form

Businesses and individuals must register to help assure quick and accurate transmittal of recovered funds.

Business or Individual' Name

Division, Store Location or Number

Address

City

State

Zip Code

Primary Contact Person

Phone

Fax

Number of notification signs you need for cash registers or counters:

5.5 x 8.5 _____

8.5 x 11 _____

Amount your bank charges you for returned checks: _____

MULTIPLE LOCATION INFORMATION

If you have more multiple locations, please make copies of this form, complete and enclose one for each location that you wish to register.

CENTRAL LOCATION- if some correspondence should go to a central office location, complete the following:

Central Location Name

Address

City

State

Zip Code

Primary Contact

Phone

Fax

✓ *Send the following to the location above:*

____ **Victim Confirmation-** acknowledging receipt of bad checks. ____ **Restitution-** The funds that are recovered on your behalf.

____ **Finalization Notices-** Notices of checks that are inactive, resolved or otherwise finalized.

X _____

Signature (verifying you have read and understand the Check Acceptance Guidelines)